

VIA FACSIMILE: 703-872-9319

Atty. Docket No. KIK01 P-322

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FAX RECEIVED

Art Unit : 2863
Examiner : Xiuqin Sun
Appln. No. : 09/838,905
Applicant : Kenichiro Kobayashi
Filing Date : April 20, 2001
Confirmation No. : 1673
For : METHOD AND APPARATUS TO MEASURE AMOUNT OF
MOVEMENT USING GRANULAR SPECK PATTERN
GENERATED BY REFLECTING LASER BEAM

AUG 1 2003

TECHNOLOGY CENTER 2800

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

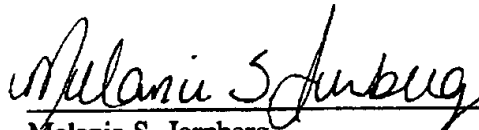
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Claims as Amended (in duplicate, 4 pages)
2. Amendment After Appeal Under 37 C.F.R. §1.116 (6 pages)

YOU SHOULD RECEIVE A TOTAL OF 11 PAGES.

August 1, 2003
Date


Melanie S. Jernberg
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Dear Sir:

Transmitted herewith is an Amendment After Appeal Under 37 C.F.R. §1.116 in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*20	Minus	**20	=0	x \$9	\$	x \$ 18	\$0
Independent Claims	*6	Minus	***6	=0	x \$42	\$	x \$ 84	\$0
First Presentation of Multiple Dependent Claims \$140						\$	x \$280	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$0

Applicant : Kenichiro Kobayashi
Appln. No. : 09/838,905
Page : 2

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. _____ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. x No additional fee is required.
3. _____ A check in the amount of \$_____ is attached.
4. x Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON

8/1/03
Date

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